

10627507

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1686913-08290000

## CLAIMS AS FILED - PART I

|                                  | (Column 1)               | (Column 2)   |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 30                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 30 minus 20 =            | 10           |
| INDEPENDENT CLAIMS               | 6 minus 3 =              | 3            |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY ☐

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X\$ 9=    |        | OR | X\$18=    | 180    |
| X42=      |        | OR | X84=      | 252    |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## 3-17 06 CLAIMS AS AMENDED - PART II

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 18                       | 30                                 | = 1           |
| Independent                                    | 3                        | 6                                  | = 1           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

SMALL ENTITY ☐

OTHER THAN SMALL ENTITY ☐

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

AMENDMENT B

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | *                        | Minus **                           | =             |
| Independent                                    | *                        | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

AMENDMENT C

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | *                        | Minus **                           | =             |
| Independent                                    | *                        | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= |                |
| X42=   |                |
| +140=  |                |

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$18= |                |
| X84=   |                |
| +280=  |                |

The column 1 total is less than the column 2 total, enter "0" in column 3.  
 The column 1 independent is less than the column 2 independent, enter "0" in column 3.  
 The highest number previously paid for in this space is less than 8, enter "8".  
 The highest number previously paid for (total or independent) is the highest number found in the appropriate box in column 1.